U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
E Drot-		
1. File Number U - 1/806	2. Fiscal Year Covered From:	
	1 / 1 / 04 Through: 12/31/04	
Name and address of person filing.	Name, file number, and address of labor organization.	
Name Michael Corrigan	Name Teamsters Local No. 743	
	Labor Organization File Number 034 094	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 3440 Elmwood	Street 4620 S. Tripp Ave.	
City Berwyn	City Chicago	
State Illinois ZIP Code + 4 60402	State Illinois ZIP Code +4 60632	
5. Position in labor organization. Business Representative		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
A. Held an interest in engaged in transactions (including loans) with or o	sions set forth in the instructions):	
	sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or omentary value from an employer whose employees your organization.	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signature and is to the best of the	
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signal 15. Signature and verification. The undersigned declares, under penalty of its submitted in this report (including the information contained in any accompany)	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signature and is to the best of the	

Name of Person Filing Michael Corrigan	File Numbe	r U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name BUE ONLS BLUE SHIELD Trade Name, if any: P.O. Box, Bldg., Room No., if any Street WAS ANDOLPIK:	11.a. Nature of such dealing. Luncil Fax Str	BARKS DAY
Street GOD EAST KANDOLPH.	11.b. Approximate dollar value of such dea	ling. 34.00
State I 2 L ZIP Code + 4 Lockoc /	12.a. Nature of interest held or income r	eceived.
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.	

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004.

Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted.

Multiple Carry
Signature

Date